



11930 Cyrus Way, Mukilteo, WA 98275 (425) 263-8035

## BUSINESS LICENSE APPLICATION NON-RESIDENT

Definition: A business which does not occupy a fixed place of operation within the City.

BUSINESS NAME: \_\_\_\_\_  
OWNER/REP NAME: \_\_\_\_\_  
PHYSICAL LOCATION: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
UBI #: \_\_\_\_\_  
CONTRACTOR #: \_\_\_\_\_

TYPE OF OWNERSHIP (Check all that apply): ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC

TYPE OF BUSINESS: \_\_\_\_\_ Construction \_\_\_\_\_ Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Services  
\_\_\_\_\_ Canvassing, Peddling or Soliciting (**Attach Form A: Canvasser, Peddler or Solicitor - REQUIRED**)  
\_\_\_\_\_ Other (*specify*): \_\_\_\_\_

SERVICES PROVIDED: \_\_\_\_\_

Will you have any sales offices, contractor shacks, warehouses, distributing plants or storage yards located on premises within the City:

☐ NO ☐ YES If, YES, specify location(s): \_\_\_\_\_

Will you be installing any signage within the City: ☐ NO ☐ YES If YES, state size, number and location of sign(s): \_\_\_\_\_

### CALCULATION OF FEES:

In addition to the first full year fee, the fee for an initial business license shall also include the prorated fee for the quarter, or portion thereof, during which the initial business license is issued.

**IMPORTANT: Please use the Business License Fee Calculation Worksheet to determine the amount of business license fees due, worksheet can be found at [www.ci.mukilteo.wa.us](http://www.ci.mukilteo.wa.us) under Business Licenses. Include a printed copy of the worksheet with this application and remittance. For further information or assistance completing this application please contact Business Licensing at (425) 263-8035.**

Under penalty of perjury, the undersigned hereby certifies that the information provided on this application is true and correct, to the best of her/her knowledge, and that the business for which this license is sought will be operated in a lawful manner and will not be in violation of any federal, state or local law, ordinance or regulation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Title (if applicable): \_\_\_\_\_

Please Note: Disclosure of information on this form does not eliminate the requirement to meet City regulations (**such as those for proper signage and adequate parking**) before business activity commences. Refer also to the separate Information Sheet for assistance with license requirements.

### FOR OFFICE USE ONLY

Date \_\_\_\_\_ Fee Paid \_\_\_\_\_ BID # \_\_\_\_\_ LIC # \_\_\_\_\_